



RULE REVISION SURVEY RESULTS **REPORT**

July 15, 2025

INTRODUCTION

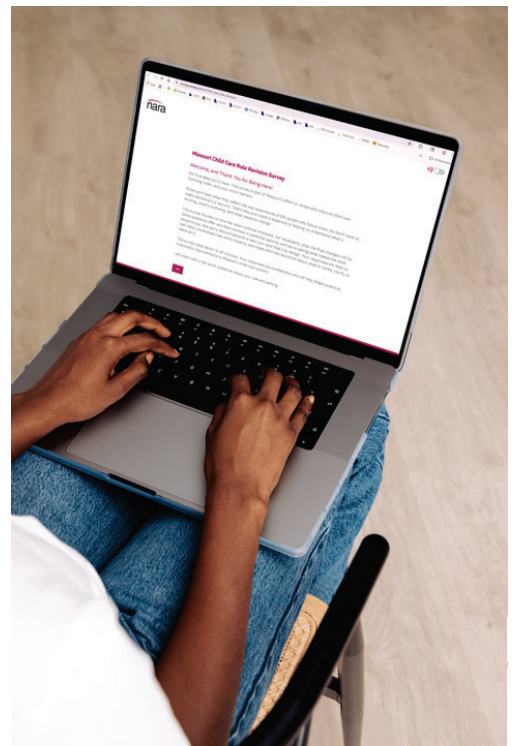
In Spring 2025, Missouri launched a major effort to review and revise its child care licensing rules. As part of that effort, the Department invited providers, caregivers, and other community stakeholders to participate in a statewide survey about the current rules and what changes might be needed.

More than 900 people responded, representing all parts of the state, every type of child care program, and a wide range of experience in the field. Their feedback offers a clear picture of how Missouri's licensing system is working today and where it needs to improve.

This summary shares the most important findings from the survey in a clear and direct way. It focuses on what stakeholders said, what changes they want to see, and why this feedback matters. The goal is to ensure that everyone - providers, families, and policymakers alike - can understand what was heard and how it will shape the rule revision process going forward.

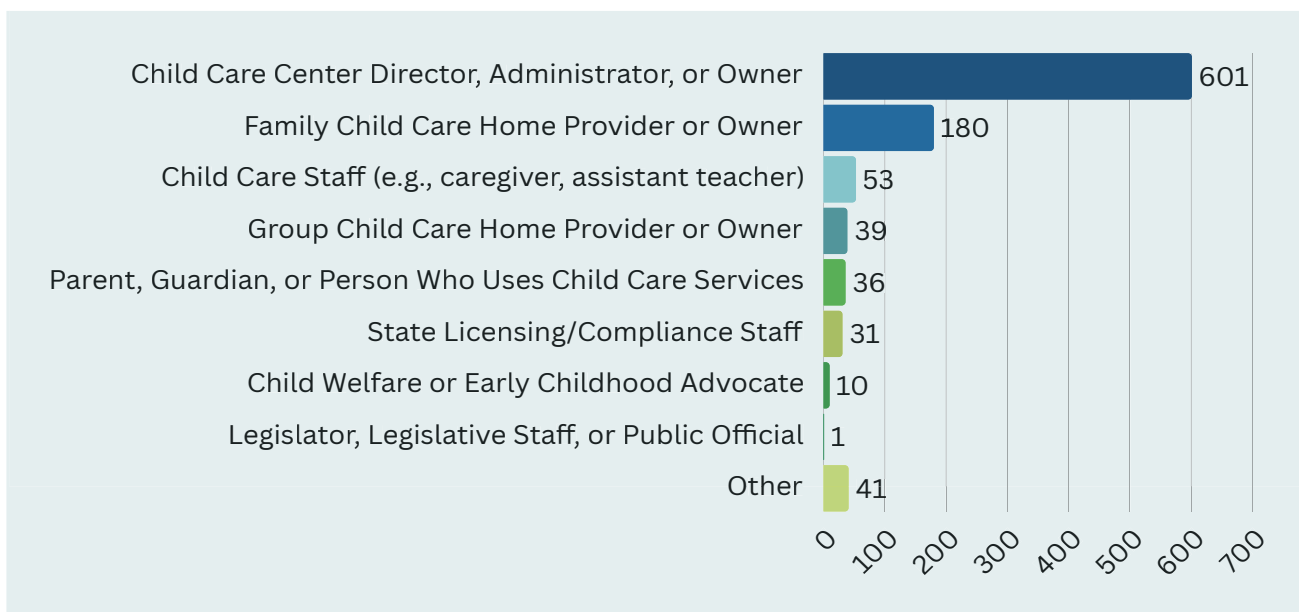
How the Survey was Conducted

The Missouri Department of Elementary and Secondary Education (DESE), in partnership with the National Association for Regulatory Administration (NARA), conducted a public survey in June 2025 to gather input from child care providers and other stakeholders about the state's licensing rules. The survey asked both multiple-choice and open-ended questions and was available online to all licensed providers and interested parties. The survey was structured into eight key sections covering everything from general rule preferences to specific issues like director qualifications, staffing, health policies, and required forms.

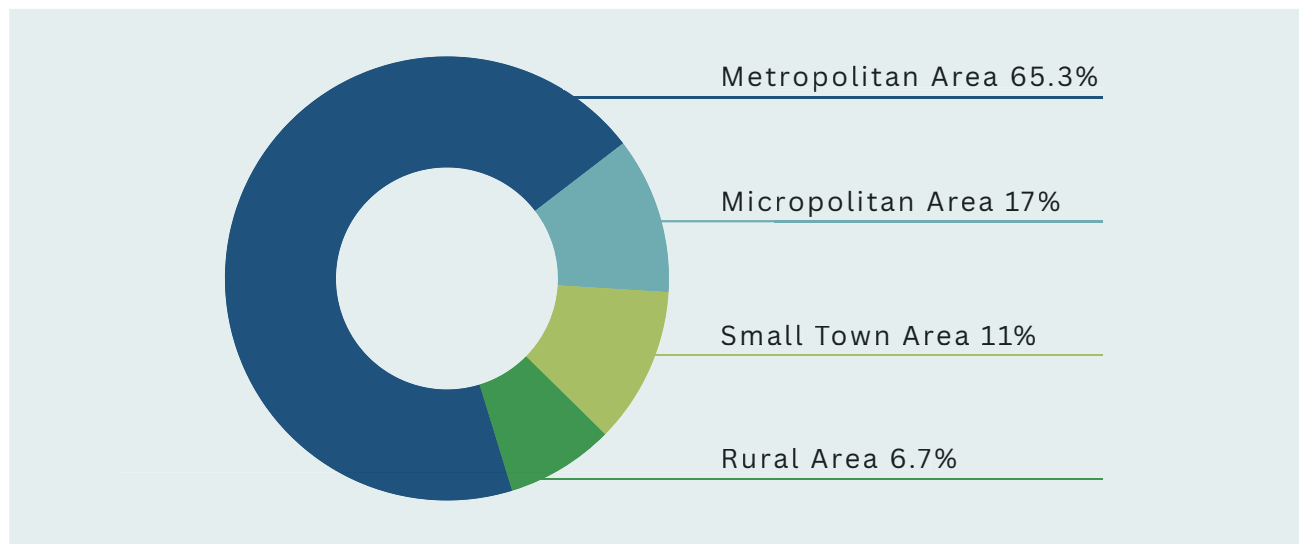


Who Responded to the Survey

A total of 992 people responded to the survey, with 89% of those being licensed child care providers, as indicated in the bar chart below:



A balance of rural, suburban, and urban programs participated in the survey, as identified in the donut chart below:

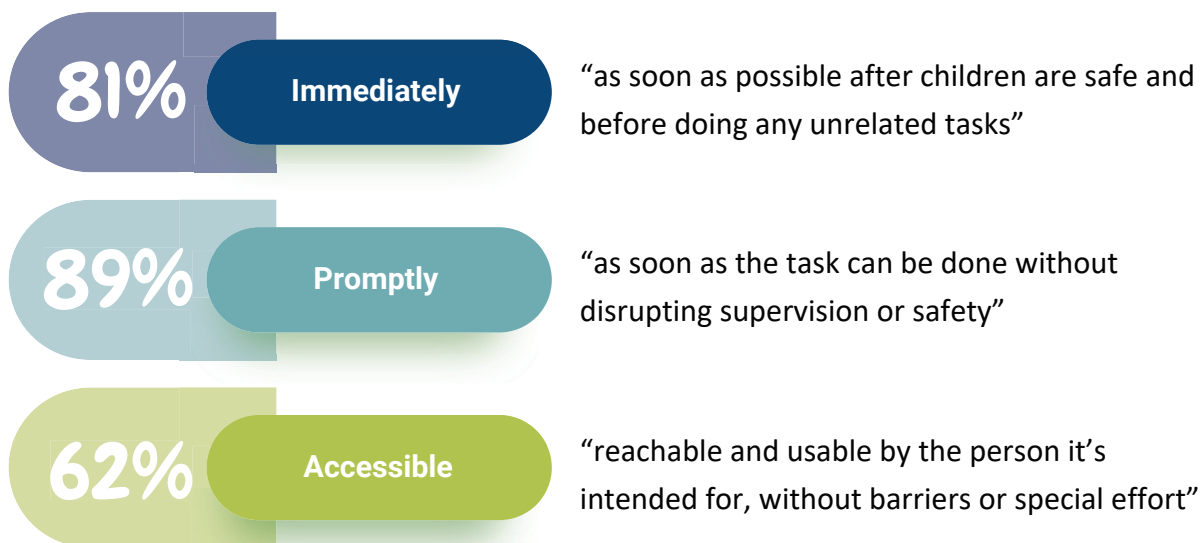


This level of participation provides confidence that the results are representative of the provider community statewide. Statistical analysis confirmed that no particular region or provider type was under- or overrepresented.

WHAT WE LEARNED

Clarifying Terminology

Survey participants were asked to choose their preferred definitions for the terms immediately, promptly, and accessible, which often appear in Missouri’s child care regulations without clear explanation. Responses showed that providers favored definitions that emphasize safety, context, and professional judgment rather than rigid timelines or narrow interpretations.



These findings suggest strong support for rule language that allows for professional discretion while maintaining clear expectations.

Preferences in Rule Revision Language

Participants were then asked to compare current licensing rules with rewritten versions using plainer language. These examples kept the same intent but used shorter sentences, clearer formatting, and more accessible vocabulary. For each, participants selected the version they found clearer.

Rewritten versions of rules relating to emergency contact information, dangerous items, outdoor play areas, staff health, meal portions, and child fevers were used. From these examples, we learned the following:

- Clear, everyday language was preferred—words like “must” and “cannot” were easier to understand than “shall” or “inaccessible.”

- Breaking rules into smaller parts helped with comprehension, especially when rules had multiple steps or conditions.
- Being specific without being overwhelming was important; stakeholders appreciated rules that gave enough detail to guide practice without excessive lists.
- Scannable structure improved understanding; formatting that separates conditions, responsibilities, and timelines was more accessible.
- Explaining the ‘why’ behind a rule (like how a hazard could cause harm) made rules feel more relevant and fairer.
- Avoiding redundancy and long lists was preferred in many cases, as summarizing risks worked better than itemizing every example.
- Being cautious with oversimplification was important; some current rules were favored when rewrites removed too much clarity or introduced new questions.

Director Qualifications

Survey participants were asked whether Missouri’s current director qualifications are appropriate, which criteria matter most in practice, and how training expectations might change if college credit requirements were removed.

Half of the respondents said the current requirements are about right, striking a balance between preparation and flexibility. However, over a quarter (28%) felt the bar was too high, mainly due to difficulty finding qualified directors. Fewer than 9% thought the standards were too low.

When asked what qualifications should be required, hands-on experience stood out as the top priority:

- 70% supported at least 12 months of full-time experience in child care.
- Many also valued supervision experience (50%) and some college coursework in child development (44%).
- Support for college degrees was much lower, 35% supported requiring a degree in a child-related field, and just 11% supported any college degree.
- About one-third (30%) favored giving owners discretion to choose a qualified director, and 28% supported national credentials like the CDA.

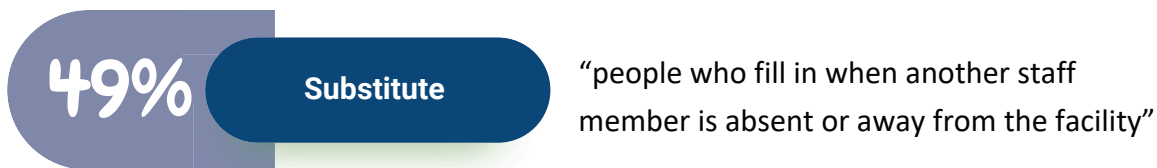
In written comments, many respondents emphasized the importance of real-world knowledge over formal education. Some recommended director certification courses or streamlined pathways that prioritize licensing knowledge, staff supervision, and child development over traditional academic degrees.

Substitute Staff

The survey asked whether separate rules should be created for substitutes, how “substitute staff” should be defined, and which requirements should apply.

Most respondents (58%) supported creating separate rules for substitutes. About 27% opposed the idea, and 15% had no preference—suggesting overall support for a tailored approach, but not without concerns about complexity or oversight.

When asked how substitute staff should be defined:



To understand what expectations should apply, participants selected which requirements should be in place for substitutes:

- 78% supported facility orientation.
- 74% supported CPR/First Aid training.
- 66% supported medical examinations.
- 41% supported requiring the full 12 clock hours of annual training required for regular staff.

Written comments emphasized that basic safety standards are essential, especially for substitutes who may be alone with children. This includes background checks, training on safe sleep and supervision, and knowing emergency procedures. Many respondents suggested:

- Reduced training hours for substitutes who work infrequently.
- Threshold-based requirements, where more hours are required after a certain number of days worked.
- A shared or tracked substitute system to help centers find qualified, pre-cleared staff more easily.



Spotlight Topics

The survey explored specific topics that providers, families, and state partners flagged as especially important or confusing. The goal was to understand how Missouri's child care licensing rules work in practice and where they might benefit from greater clarity, consistency, or flexibility.

TWO RULEBOOKS VERSUS ONE RULEBOOK

Missouri currently has separate rulebooks for child care centers and family child care homes. Survey participants were asked whether the state should combine them into a single document, clearly divided by setting.

- 39% preferred keeping the rulebooks separate.
- 27% were open to a combined format but wanted to see how it would be organized.
- 18% strongly supported the idea.

There was no consensus, but many respondents appeared open to a combined rulebook as long as it was clearly organized by setting.

ALIGNING STATE NUTRITION RULES WITH FEDERAL CACFP GUIDELINES

Missouri's licensing rules do not always align with the Child and Adult Care Food Program (CACFP), a federal program that reimburses providers for meeting specific nutrition standards in the food served at their child care programs.

59%

supported aligning
Missouri's child care
licensing rules with CACFP
requirements

19%

supported separate licensing
rules but wanted CACFP-
compliant providers to be
automatically considered in
compliance with licensing

There was broad support for reducing confusion and paperwork by either adopting CACFP standards or recognizing compliance for participating providers.

MILK ALTERNATIVES

Current rules limit milk substitutes unless approved by a health authority. Participants were asked whether more flexibility should be allowed.

- 59% supported allowing oat, soy, or other alternatives if requested by a parent.
- 31% preferred the current rule with exceptions only for medical or religious reasons.

Respondents supported allowing parent-requested substitutes, especially when nutritional value is maintained.



BRINGING MEALS FROM HOME

When asked about bringing meals from home, respondents:

- 44% supported allowing meals from home only for special dietary or religious needs.
- 32% supported broader flexibility.

Most respondents supported some level of flexibility, with the largest share favoring limited exceptions and others supporting a broader policy.

CLARITY OF ILLNESS RULES

Respondents were asked whether Missouri's illness-related rules are clear.



Written feedback revealed confusion around return-to-care timelines, vague symptoms, parent-provider disagreements, and inconsistent documentation expectations. There was interest in clearer criteria, practical examples, and consistency with health department or school guidance.

SYMPTOM LIST REQUIREMENTS

Missouri's rules include a list of symptoms that require children to be sent home.

- 53% of respondents said the current list is "just right."
- 27% of respondents said it was not strict enough.
- 10% of respondents said it was too strict.

While most support the current approach, responses suggest that clarity in how to apply the list could reduce tension and improve consistency.

USE OF SOUND MACHINES FOR INFANT SLEEP

Respondents were asked whether sound machines or white noise devices should be allowed during infant sleep.

- 66% supported their use if the caregiver can still see and hear the infant clearly.
- 15% supported their use under stricter conditions.
- Only 7% opposed their use entirely.

Most respondents supported allowing sound machines, with interest in clearer guidance about safe placement and volume limits.



Forms Feedback

Survey respondents were invited to review DESE forms and suggest whether each should be revised, left unchanged, or potentially eliminated. More than 300 respondents shared detailed feedback about how forms could be improved. Several common themes emerged:

- Many providers reported having to enter the same information (such as facility name, license number, or staff details) across multiple forms. This redundancy creates frustration and adds unnecessary time to routine paperwork.
- Respondents strongly favored moving to digital or fillable versions of forms. Many called for electronic submission options and integration with existing child care systems to reduce manual printing, scanning, and mailing.
- Some forms were described as vague or poorly explained. Providers were sometimes unsure when forms were required, what they were meant to document, or how to complete them correctly. This confusion could contribute to errors or non-compliance.

- Several forms were seen as reflecting outdated standards, especially those related to medical documentation or special care plans. Respondents urged the state to ensure that form content reflects current practices and aligns with modern developmental and health guidance.
- A few forms repeatedly surfaced as especially problematic, most notably the Overlap Request, Equipment List, and Safety Plan. These forms were viewed as complex, hard to use, or misaligned with current child care operations.

Additional Feedback

In the last section of the survey, 445 respondents provided open-ended comments on any topic of their choice. While feedback covered a wide range of issues, several consistent themes emerged across topic areas, reinforcing earlier findings and offering clear direction for future reform.

Respondents frequently described training mandates as time-consuming and duplicative. While providers acknowledged the value of ongoing professional development, many said the current requirements are too rigid and lack flexibility to account for experience, college coursework, or real-world relevance. Streamlining annual hours and recognizing alternative credentials were common suggestions.

A significant number of responses questioned the requirement for a college degree to serve as a director. Providers emphasized that experience, leadership ability, and certifications like the CDA are often more meaningful than formal degrees. Many argued that the current qualifications create unnecessary barriers, particularly in rural areas facing staffing shortages.

Multiple forms were identified as confusing or duplicative, with the Equipment List, Overlap Request, and Safety Plan for family homes singled out most often. Respondents expressed frustration with repetitive data entry and inconsistent formatting. Many called for simplification, consolidation, and digital access to reduce paperwork burdens and improve clarity.

Participants noted confusion about when children may return to care after an illness, citing inconsistent guidance across licensing, schools, and healthcare providers. There were requests for standardized protocols, clearer definitions of exclusion symptoms, and practical examples to guide decision-making.

Several respondents raised concerns about the inability to accommodate non-dairy alternatives or family dietary preferences, even with parental consent. Many suggested aligning licensing rules with CACFP standards and allowing more flexibility to meet family needs without violating nutritional requirements.

Providers described the compliance workload as disproportionate to its value, with several stating that documentation detracts from time spent with children. Respondents called for clarification on which records are truly required and for opportunities to consolidate or digitize documentation processes.

A smaller but notable portion of feedback highlighted the mismatch between physical space/equipment rules and the diversity of child care environments. Providers asked for flexibility in how requirements are interpreted and expressed interest in outcome-based measures rather than fixed checklists.

CONCLUSION

The results of this survey demonstrate that Missouri's child care providers are deeply engaged in the regulatory process and eager to see rules that better reflect the realities of their work. Across every section, whether focused on terminology, staffing, qualifications, or forms, respondents called for clearer expectations, reduced administrative burden, and more flexibility in how compliance is achieved. At the same time, they affirmed the importance of health, safety, and professional standards.

This feedback provides a strong foundation for regulatory reform, and will support Missouri's licensing rules in a way that is practical, equitable, and grounded in the daily experience of those who care for children.

